

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: Snyder, E., et al.

Application No.: 09/168,350

Group No.: 1636

Filed: 7 October 1998

Examiner: Yucel, I.

For: ENGRAFTABLE NEURAL PROGENITOR  
& STEM CELLS FOR BRAIN TUMOR THERAPY

**CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))**

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nicole M. Gignac  
(type or print name of person mailing paper)

**Assistant Commissioner for Patents  
Washington, D.C. 20231**

**POWER OF ATTORNEY BY ASSIGNEE OF ENTIRE INTEREST  
(REVOCATION OF PRIOR POWERS)**

As assignee of record of the entire interest of the above identified

☒ application,

☐ patent,

**REVOCATION OF PRIOR POWERS OF ATTORNEY**

all powers of attorney previously given are hereby revoked and

**NEW POWER OF ATTORNEY**

the following attorney(s) and/or agent(s) are hereby appointed to prosecute and transact all business in the Patent and Trademark Office connected therewith.

Michael L. Goldman, Attorney and Patent Agent, Registration No. 30,727

Ronald I. Eisenstein, Attorney and Patent Agent, Registration No. 30,628

David S. Resnick, Attorney and Patent Agent, Registration No. 34,235

Nicole L.M. Valtz, Patent Agent, Registration No. 47,150

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Group No.: 1636  
Examiner: Yucel, I.

*(check the following item, if applicable)*

☒ Attached, as part of this power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

**SEND CORRESPONDENCE TO:**

David S. Resnick  
NIXON PEABODY LLP  
101 Federal Street  
Boston, MA 02110

**DIRECT TELEPHONE CALLS TO:**

David S. Resnick (617) 345-6057

Customer No.: 26248

Northeastern

Ohio Universities College of Medicine  
*(type or print identity of assignee of entire interest)*

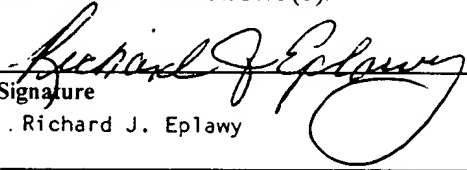
4209 Street, Route 44  
P.O. Box 95  
Rootstown, Ohio  
Address

☒ Recorded in PTO on 06/28/99  
Reel 010056  
Frame 0108

**ASSIGNEE STATEMENT**

Attached to this power is a "STATEMENT UNDER 37 C.F.R. section 3.73(b)."

Date July 3, 2001

  
Signature

Richard J. Eplaw

*(type or print name of person authorized to sign on behalf of assignee)*

Vice President for Administration and Finance

Title

*(check the following item, if it forms a part of this power of attorney)*

☒ Added page—Authorization of attorney(s) to accept and follow instructions from representative.

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Date: \_\_\_\_\_

Nicole M. Gignac

(type or print name of person mailing paper)

Assistant Commissioner for Patents  
Washington, D.C. 20231STATEMENT UNDER 37 C.F.R. SECTION 3.73(b)  
ESTABLISHING RIGHT OF ASSIGNEE TO TAKE ACTION

1. The assignee(s) of the entire right, title and interest hereby seek(s) to take action in the PTO in this matter.

## IDENTIFICATION OF ASSIGNEE

2. The Children's Medical Center Corporation

Name of assignee

Corporation – Non-profit organization

Type of assignee, e.g., corporation, partnership, university, government agency, etc.

## PERSON AUTHORIZED TO SIGN

3. William New

(type name of person authorized to sign on behalf of assignee)

Vice President, Research Administration, Children's Medical Center Corporation

Title of person authorized to sign

(complete the following, if applicable)

- [X] I, the person signing below, state that I am empowered to sign this statement on behalf of the assignee.

In re application of: Snyder, E., et al.

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Group No.: 1636

Examiner: Yucel, I.

### BASIS OF ASSIGNEE'S INTEREST

Ownership by the assignee is established as follows:

**A.**

1. a. ☒ An assignment from the inventor, Evan Y. Snyder, of the matter identified above, which was recorded in the PTO on 06/28/1999 at Reel 010053, Frame 0809.
- b. ☒ An assignment from the inventor, Karen S. Aboody, of the matter identified above, which was recorded in the PTO on 06/28/1999 at Reel 010057, Frame 0825.
2. ☐ An assignment (document) separately being submitted for recordal herewith.

### AND/OR

**B. ☐ A chain of title from the inventor(s) to the current assignee as shown below:**

1. From: \_\_\_\_\_  
Name of inventor(s)  
To: \_\_\_\_\_  
Recorded in PTO: Reel \_\_\_\_\_, Frame \_\_\_\_\_
2. From: \_\_\_\_\_  
Name of inventor(s) or assignee  
To: \_\_\_\_\_  
Recorded in PTO: Reel \_\_\_\_\_, Frame \_\_\_\_\_
3. From: \_\_\_\_\_  
Name of inventor(s) or assignee  
To: \_\_\_\_\_  
Recorded in PTO: Reel \_\_\_\_\_, Frame \_\_\_\_\_

*(check item below, and add details, if applicable)*

- ☐ Additional documents in the chain of title are listed in the attached Supplemental Sheet.

In re application of: Snyder, E., et al.

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Group No.: 1636

Examiner: Yucel, I.

### COPIES OF DOCUMENTS IN CHAIN OF TITLE

*(complete this item, if copies are being sent)*

☐ Copies of the assignment(s) or other document(s) in the chain of title are attached as follows:

<input type="checkbox"/> A	<input type="checkbox"/> 1	<input type="checkbox"/> 2	
<input type="checkbox"/> B	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3

  
\_\_\_\_\_  
Signature of Authorized Person

William New

*(type or print name of authorized person)*

Vice President

Research Administration

The Children's Medical Center Corporation

Title of authorized person

Date: 5/10/2001

Respectfully submitted,

Customer No.: 26248

\_\_\_\_\_  
**SIGNATURE OF PRACTITIONER**

David S. Resnick (Reg. No. 34,235)

NIXON PEABODY LLP

101 Federal Street

Boston, MA 02110

(617) 345-6057

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Date: \_\_\_\_\_

Nicole M. Gignac

(type or print name of person mailing paper)

Assistant Commissioner for Patents  
Washington, D.C. 20231

STATEMENT UNDER 37 C.F.R. SECTION 3.73(b)  
ESTABLISHING RIGHT OF ASSIGNEE TO TAKE ACTION

1. The assignee(s) of the entire right, title and interest hereby seek(s) to take action in the PTO in this matter.

IDENTIFICATION OF ASSIGNEE

2. The General Hospital Corporation

Name of assignee

Corporation – Non-profit organization

Type of assignee, e.g., corporation, partnership, university, government agency, etc.

PERSON AUTHORIZED TO SIGN

**FRANCES TONEGUZZO, Ph.D.**

**CORPORATE SPONSORED RESEARCH AND LICENSING**

3. DIRECTOR

(type name of person authorized to sign on behalf of assignee)

Title of person authorized to sign

(complete the following, if applicable)

- [X] I, the person signing below, state that I am empowered to sign this statement on behalf of the assignee.

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### BASIS OF ASSIGNEE'S INTEREST

Ownership by the assignee is established as follows:

A.

1. ☒ An assignment from the inventor, Xandra O. Breakefield, of the matter identified above, which was recorded in the PTO on 06/28/1999 at Reel 010056, Frame 0125.
2. ☐ An assignment (document) separately being submitted for recordal herewith.

### AND/OR

B. ☐ A chain of title from the inventor(s) to the current assignee as shown below:

1. From: \_\_\_\_\_  
Name of inventor(s)  
To: \_\_\_\_\_  
Recorded in PTO: Reel \_\_\_\_\_, Frame \_\_\_\_\_
2. From: \_\_\_\_\_  
Name of inventor(s) or assignee  
To: \_\_\_\_\_  
Recorded in PTO: Reel \_\_\_\_\_, Frame \_\_\_\_\_
3. From: \_\_\_\_\_  
Name of inventor(s) or assignee  
To: \_\_\_\_\_  
Recorded in PTO: Reel \_\_\_\_\_, Frame \_\_\_\_\_

*(check item below, and add details, if applicable)*

☐ Additional documents in the chain of title are listed in the attached Supplemental Sheet.